3. *Some Time-Reactions Among the Insane.*—According to the observations of Wundt, Hirsch, Exner, Waller, Auerbach, Binet and others the reaction period for audition, in normal individuals, varies from twelve to sixteen hundredths of a second. Buccola and Patrizzi have shown that among patients whose powers of attention are deteriorated, fatigue appears and the graphic tracings incline more quickly than among normal subjects. The general mean is more elevated, the oscillations are wider, and the subject is slower to react. These same results are obtained under general anesthesia. Janet has clearly established a characteristic reaction curve for hysteria.

In the present essay Charpentier presents the tracings obtained by him in a number of cases of mental trouble, such as mysticism, persecutory insanity, mental debility, incipient general paralysis, athysoidea, dementia præcox, melancholia, alcholic general paralysis, maniacal excitement, etc.

He concludes that these reaction curves are of some interest, but that they possess only an imperfect and approximate value. It would be an exaggeration and wholly rash to affirm that each curve has a special diagnostic value. On the other hand, when studied in conjunction with the other symptoms, such as tracing may prove, useful in indicating the patient's degree of attention. One can detect simulation and obtain thus most useful objective criteria. A simulator of hysteria, for example, produced a reaction curve wholly inconsistent with the one usually obtained in cases of genuine hysteria.

From a physiological point of view, it is of interest to note that the tracings obtained by the author are almost parallel with those obtained with the aid of the dynanometer and the ergograph of Mosso. The question is asked by the essayist; are we then to conclude that muscular phenomena and attention are identical? To answer this we need, he says, to study with greater precision than heretofore the relationship of attention, not only to muscular force and the time of reaction, but also to the circulation and the respiration in order to complete the psychophysical and psychochemical basis of attention. Mettler (Chicago).

Miscellany

Dementia Præcox. By W. A. White (Journal A. M. A., May 19).

Dr. White argues against the theory advanced by some authors on the basis of chemical studies, etc., that dementia præcox is caused by an autointoxication. The disease, he considers, is due to an original developmental defect, and the physical symptoms suggesting autointoxication are the result of the imperfect functioning of the nervous system.

Misleading Symptoms in Cerebral Disease. By J. A. Stucky (Journal A. M. A., April 28).

The author reports a case of sarcoma involving the whole right temporosphenoidal lobe, associated with and infected by chronic suppurative ethmoiditis, and asks which was the primary lesion. No macroscopic evidence existed of disease elsewhere in the brain. The local symptoms, pain and bulging of the orbit, pointed to trouble in the right fronto-orbital region, but there was aphasia (the patient was right-handed), spasm of the right arm and hand, and the tongue deviated to the right. The author asks: Could general intracranial pressure exist without motor symptoms referable to right-sided pressure and also what would have been the result had the sinus disease been eradicated months before?

Psychoses Resulting from Coal-Gas Asphyxiation. By Sanger Brown (Journal A. M. A., April 28).

The author reports a case of asphyxiation from coal gas. When the patient was found (Nov. 7) he was unconscious, his face was a deep purple and the body was entirely flaccid. He was carried to bed, and after the use of restorative measures he regained consciousness at the end of three days, and in about three weeks he was able to be up and about. His face continued to be purple, and his expression was dull and stolid. He had no recollection of anything that transpired for from 36 to 48 hours prior to the time he was found unconscious. He recognized his old acquaintances and repeated their names and discussed correctly with them various matters relating to a period prior to the asphyxiation. He repeated incidents of early life and childhood usually well, but retained practically nothing since the afternoon of Nov. 6. He could not remember what took place from hour to hour, even the visit of an old friend whom he was very glad to see. By dint of constant practice he finally remembered the name of his nurse and his way to the toilet and dining rooms. He could read and make simple computations in arithmetic. He realized his disability and wanted to recover, but was not emotional or complaining. He would read the newspaper, but could not discuss current topics. Though he retained some few impressions in his memory enabling him to find his way about the house and when out walking, there was no material improvement while under observation, a period of fourteen weeks. On leaving the sanitarium he returned to the care of his family physician, who reported no notable change in either the bodily or mental symptoms till about the middle of December, two weeks before the man died. He suffered from severe attacks of dyspnea so that he had to be under constant surveillance. He was a little better for two days before his death, which occurred suddenly, soon after he retired and while he was alone in his room. Autopsy showed no significant changes in the brain or spinal cord. The lungs were markedly emphysematous, and the heart was considerably dilated. There was a large cyst of the left suprarenal capsule. Dr. Brown says that it may reasonably be assumed that some deleterious influence, not demonstrable by present methods of examination, had been exerted on certain cerebral neurones, so that they were no longer able to retain new impressions. He also calls attention to the fact that the impressions made on them some hours prior to the action of this influence were effaced by it, while impressions of long standing were not affected.

TREATMENT OF IDIOPATHIC EPILEPSY BY APPENDICOSTOMY FOR COLONIC IRRIGATION. By S. LaPlace (Journal A. M. A., June 2).

Dr. LaPlace considers it probable that epilepsy is due to the manifestation of a toxin accumulated in the system as a result of the intoxication of improper food or tissue metabolism and the locality of the production of this poison is the colon. Consequently, he has resorted to appendicostomy with subsequent irrigation of the colon through the fistula in one case with excellent results. He concludes that the treatment is harmless, and is based on sufficiently sound theoretical and scientific grounds; and even should improvement of the epilepsy not result it cannot fail to do good from a hygienic standpoint in affording general relief from constipation, to which most sufferers from epilepsy are subject. The repeated flushings of the colon keep it as nearly empty as possible, and almost eliminate its presence as a reservoir for undigested and putrefying substances. Fear of a permanent artificial opening in the intestine should not be entertained. The artificial fistula closes easily, and, after months of treatment, should one desire to discontinue the flushings of the colon, the natural processes of evacuation are resumed without difficulty. The method is not expected to cure all cases of idiopathic epilepsy; but only those whose existence can be traced to this particular cause. The procedure here advocated should be accompanied by the proper dietetic measures.